

## 114.3 CMR 18.00: RADIOLOGY

### Section

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### 18.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 18.00 governs the rates of payment used by all governmental units for radiology care and services rendered to publicly-aided patients by eligible providers. 114.3 CMR 18.00 is effective July 17, 2005. Rates for services rendered to individuals covered by M.G.L. c. 152 (the Worker's Compensation Act) are set forth in 114.3 CMR 40.00.

(2) Coverage. 114.3 CMR 18.00 and the rates of payment contained herein shall apply to the following situations for actual services rendered.

- (a) Radiology services rendered by an eligible provider who bills for services rendered and who performs these services in a private medical office, clinic, facility or other appropriate setting.
- (b) Radiology services rendered in a hospital by an eligible provider who is not under contractual arrangement with the hospital for radiology services.

The rates of payment under 114.3 CMR 18.00 are full compensation for patient care rendered to publicly aided patients, as well as for any related administrative or supervisory duties in connection with patient care and all associated overhead expenses.

(3) Disclaimer of Authorization of Services. 114.3 CMR 18.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 18.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology (CPT)*. The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and

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(c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(5)Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 18.00.

18.02: General Definitions

Meaning of Terms. The descriptions and five-digit numeric codes included in the Regulation 114.3 CMR 18.00 are obtained from the Physicians' *Current Procedural Terminology*, copyright 2004 by the American Medical Association (CPT) unless otherwise specified. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology*.

114.3 CMR 18.00 includes only CPT numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 18.00 shall have the meanings set forth in 114.3 CMR 18.02.

Eligible Provider. A licensed physician, licensed osteopath, licensed podiatrist, licensed dentist, or licensed chiropractor other than an intern, resident, fellow or house officer, who also meets such conditions of participation as may be adopted from time to time by a governmental unit.

A provider of therapeutic and diagnostic radiology services who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies as required by law. Such radiology services may be rendered by eligible providers such as, but not limited to, MRI centers, independent diagnostic testing facilities (IDTFs), portable x-ray providers and mammography vans. These eligible providers may not be owned by a hospital, physician or physician group practice. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with regulation 105 CMR 140.000 to provide radiology services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a government unit.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration. Radiology services which are authorized but not listed herein, radiology services performed in unusual circumstances, and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder or disability;
- (d) any applicable relative value studies;
- (e) any complications or other circumstances that may be deemed relevant
- (f) the policies, procedures and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth in 114.3 CMR 31.00;
- (h) a copy of the current invoice from the supplier.

Modifiers. Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two digit number.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

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Radiology Services. Radiology services including diagnostic ultrasound, radiation oncology and nuclear medicine provided for the assessment and/or treatment of a medical condition, injury, or illness.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a "separate procedure."

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service.

Supervision and Interpretation Only. When a procedure is performed by two eligible physicians, the radiologic portion of the procedure is designated as "radiological supervision and interpretation." When an eligible physician performs both the procedure and the imaging supervision and interpretation, a combination of procedure codes outside the 70000 series and imaging supervision and interpretation codes are to be used. The radiological supervision and interpretation codes are not applicable to the Radiology Oncology subsection.

Unlisted Service or Procedure. A service or procedure may be provided that is covered but not listed in 114.3 CMR 18.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report".

18.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 114.3 CMR 18.00 applies shall be the lowest of:

- (a) the eligible provider's usual fee to patients other than publicly-aided or industrial accident patients; or
- (b) the eligible provider's actual charge submitted; or
- (c) the schedule of allowable fees set forth in 114.3 CMR 18.04(2).

(2) Supplemental Payment

- (a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

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1. the eligible provider is employed by a non-profit group practice that was established in accordance with St.1997 c.163 and is affiliated with a Commonwealth-owned medical school;
2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 18.03(1), and
2. the Federal upper payment limit set forth in 42 CFR 447.325.

(3) Individual Consideration. See description above under 18.02: *General Definitions.*

(4) Under no circumstances shall the sum of the professional and technical components of an individual procedure be greater than the allowable global fee set forth in 114.3 CMR 18.04(2).

(5) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payments for services provided by eligible licensed nurse practitioner, eligible licensed nurse midwives and eligible licensed physician assistants as specified in 114.3 CMR 18.02 shall be 85% of the fees contained in 114.3 CMR 18.04(2).

18.04: Maximum Allowable Fees

Unless otherwise specified, guidelines, notes and definitions provided in the 2004 CPT Coding Handbook are applicable to the use of the procedure codes and descriptions listed in 114.3 CMR 18.04(2).

(1) Modifiers:

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of modifier '-26' to the procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 18.04(2) to be paid.

-51: Multiple Procedures. Most radiology services do not require modifier 51. Modifier 51 applies only to nuclear medicine procedure codes 78306, 78320, 78802, 78803, 78806, 78807 and should be used only when a whole body bone, tumor or infection study is performed on the same day prior to a SPECT bone, tumor, or infection study, respectively. Under these

circumstance, the modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). The addition of the modifier '-51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 18.04(2) to be paid to the eligible provider.

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier '-52', signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

-59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However, when another already established modifier is appropriate it should be used rather than modifier '-59'.

-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-TC: Pertains to the technical component for certain radiological procedures. Certain procedures are a combination of a physician, or professional component, and a technical component. When the technical component is

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reported separately, the addition of modifier ‘-TC’ to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 18.04(2) to be paid.

(2) Fee Schedule

Code	Global Fee	PC Fee	TC Fee	Description
70010	184.94	45.10	139.84	Myelography, posterior fossa, radiological supervision and interpretation
70015	89.37	45.53	43.84	Cisternography, positive contrast, radiological supervision and interpretation
70030	20.15	6.61	13.54	Radiologic examination, eye, for detection of foreign body
70100	23.53	6.87	16.66	Radiologic examination, mandible; partial, less than four views
70110	29.57	9.36	20.21	Radiologic examination, mandible; complete, minimum of four views
70120	27.08	6.87	20.21	Radiologic examination, mastoids; less than three views per side
70130	38.31	12.90	25.41	Radiologic examination, mastoids; complete, minimum of three views per side
70134	36.75	12.90	23.85	Radiologic examination, internal auditory meati, complete
70140	27.35	7.14	20.21	Radiologic examination, facial bones; less than three views
70150	35.03	9.62	25.41	Radiologic examination, facial bones; complete, minimum of three views
70160	23.27	6.61	16.66	Radiologic examination, nasal bones, complete, minimum of three views
70170	42.24	11.31	30.93	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190	28.19	7.98	20.21	Radiologic examination; optic foramina
70200	35.88	10.47	25.41	Radiologic examination; orbits, complete, minimum of four views
70210	26.82	6.61	20.21	Radiologic examination, sinuses, paranasal, less than three views
70220	34.77	9.36	25.41	Radiologic examination, sinuses, paranasal, complete, minimum of three views
70240	20.68	7.14	13.54	Radiologic examination, sella turcica
70250	29.30	9.09	20.21	Radiologic examination, skull; less than four views
70260	41.96	12.90	29.06	Radiologic examination, skull; complete, minimum of four views
70300	12.97	4.43	8.54	Radiologic examination, teeth; single view
70310	20.51	6.97	13.54	Radiologic examination, teeth; partial examination, less than full mouth
70320	33.97	8.56	25.41	Radiologic examination, teeth; complete, full mouth
70328	22.59	6.87	15.72	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	36.38	9.09	27.29	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	89.35	21.24	68.11	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	418.32	56.15	362.17	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70350	19.21	6.92	12.29	Cephalogram, orthodontic
70355	26.37	7.72	18.65	Orthopantogram
70360	20.15	6.61	13.54	Radiologic examination; neck, soft tissue

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Code	Global Fee	PC Fee	TC Fee	Description
70370	54.22	11.84	42.38	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	100.04	31.93	68.11	Complex dynamic pharyngeal and speech evaluation by cine or videorecording
70373	74.41	16.50	57.91	Laryngography, contrast, radiological supervision and interpretation
70380	28.38	6.61	21.77	Radiologic examination, salivary gland for calculus
70390	72.19	14.28	57.91	Sialography, radiological supervision and interpretation
70450	184.86	32.20	152.66	Computed tomography, head or brain; without contrast material
70460	225.74	42.67	183.07	Computed tomography, head or brain; with contrast material(s)
70470	276.73	48.16	228.57	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70480	201.09	48.43	152.66	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	235.10	52.03	183.07	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	283.39	54.82	228.57	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	195.59	42.93	152.66	Computed tomography, maxillofacial area; without contrast material
70487	232.34	49.27	183.07	Computed tomography, maxillofacial area; with contrast material(s)
70488	281.97	53.40	228.57	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	201.09	48.43	152.66	Computed tomography, soft tissue neck; without contrast material
70491	235.10	52.03	183.07	Computed tomography, soft tissue neck; with contrast material(s)
70492	283.08	54.51	228.57	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	409.27	66.04	343.23	Computed tomographic angiography, head, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70498	409.27	66.04	343.23	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70540	408.81	50.92	357.89	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)
70542	490.63	61.12	429.51	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)
70543	875.93	81.47	794.46	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	407.64	45.47	362.17	Magnetic resonance angiography, head; without contrast material(s)
70545	407.32	45.15	362.17	Magnetic resonance angiography, head; with contrast material(s)
70546	780.02	67.99	712.03	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	407.32	45.15	362.17	Magnetic resonance angiography, neck; without contrast material(s)



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Code	Global Fee	PC Fee	TC Fee	Description
70548	407.32	45.15	362.17	Magnetic resonance angiography, neck; with contrast material(s)
70549	780.02	67.99	712.03	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	418.32	56.15	362.17	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	501.89	67.46	434.43	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	893.98	89.46	804.52	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70557		114.10		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
70558		125.94		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)
70559		126.36		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences
71010	21.97	6.87	15.10	Radiologic examination, chest; single view, frontal
71015	24.64	7.98	16.66	Radiologic examination, chest; stereo, frontal
71020	28.46	8.25	20.21	Radiologic examination, chest, two views, frontal and lateral;
71021	34.05	10.20	23.85	Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure
71022	35.43	11.58	23.85	Radiologic examination, chest, two views, frontal and lateral; with oblique projections
71023	40.00	14.59	25.41	Radiologic examination, chest, two views, frontal and lateral; with fluoroscopy
71030	36.99	11.58	25.41	Radiologic examination, chest, complete, minimum of four views;
71034	64.30	17.65	46.65	Radiologic examination, chest, complete, minimum of four views; with fluoroscopy
71035	23.53	6.87	16.66	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)
71040	69.28	22.00	47.28	Bronchography, unilateral, radiological supervision and interpretation
71060	99.47	28.03	71.44	Bronchography, bilateral, radiological supervision and interpretation
71090	76.13	21.34	54.79	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
71100	26.90	8.25	18.65	Radiologic examination, ribs, unilateral; two views
71101	31.97	10.20	21.77	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views
71110	35.61	10.20	25.41	Radiologic examination, ribs, bilateral; three views
71111	40.90	11.84	29.06	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views
71120	28.86	7.72	21.14	Radiologic examination; sternum, minimum of two views

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Code	Global Fee	PC Fee	TC Fee	Description
71130	31.26	8.25	23.01	Radiologic examination; sternoclavicular joint or joints, minimum of three views
71250	234.86	43.78	191.08	Computed tomography, thorax; without contrast material
71260	275.63	47.06	228.57	Computed tomography, thorax; with contrast material(s)
71270	338.08	52.03	286.05	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71275	467.37	72.65	394.72	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
71550	414.26	55.09	359.17	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	496.09	65.51	430.58	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	876.38	85.34	791.04	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	430.74	68.57	362.17	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72010	50.20	17.08	33.12	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	19.30	5.76	13.54	Radiologic examination, spine, single view, specify level
72040	27.83	8.25	19.58	Radiologic examination, spine, cervical; two or three views
72050	40.64	11.58	29.06	Radiologic examination, spine, cervical; minimum of four views
72052	50.30	13.75	36.55	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72069	24.28	8.56	15.72	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070	29.39	8.25	21.14	Radiologic examination, spine; thoracic, two views
72072	32.10	8.25	23.85	Radiologic examination, spine; thoracic, three views
72074	37.93	8.25	29.68	Radiologic examination, spine; thoracic, minimum of four views
72080	30.02	8.25	21.77	Radiologic examination, spine; thoracolumbar, two views
72090	32.24	10.47	21.77	Radiologic examination, spine; scoliosis study, including supine and erect studies
72100	30.02	8.25	21.77	Radiologic examination, spine, lumbosacral; two or three views
72110	41.26	11.58	29.68	Radiologic examination, spine, lumbosacral; minimum of four views
72114	52.17	13.75	38.42	Radiologic examination, spine, lumbosacral; complete, including bending views
72120	37.31	8.25	29.06	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72125	234.86	43.78	191.08	Computed tomography, cervical spine; without contrast material
72126	274.57	46.00	228.57	Computed tomography, cervical spine; with contrast material
72127	334.21	48.16	286.05	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128	234.86	43.78	191.08	Computed tomography, thoracic spine; without contrast material
72129	274.78	46.21	228.57	Computed tomography, thoracic spine; with contrast material
72130	334.21	48.16	286.05	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	234.86	43.78	191.08	Computed tomography, lumbar spine; without contrast material

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Code	Global Fee	PC Fee	TC Fee	Description
72132	274.57	46.00	228.57	Computed tomography, lumbar spine; with contrast material
72133	334.21	48.16	286.05	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72141	422.76	60.59	362.17	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	507.39	72.96	434.43	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	462.53	60.59	401.94	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	507.08	72.65	434.43	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	458.09	56.15	401.94	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	502.20	67.77	434.43	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	901.96	97.44	804.52	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	901.43	96.91	804.52	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	893.98	89.46	804.52	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	466.93	71.54	395.39	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170	23.27	6.61	16.66	Radiologic examination, pelvis; one or two views
72190	29.75	7.98	21.77	Radiologic examination, pelvis; complete, minimum of three views
72191	452.36	68.57	383.79	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
72192	232.37	41.29	191.08	Computed tomography, pelvis; without contrast material
72193	264.96	43.78	221.18	Computed tomography, pelvis; with contrast material(s)
72194	320.17	46.00	274.17	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	414.47	55.30	359.17	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	496.09	65.51	430.58	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	881.52	85.34	796.18	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	430.16	67.99	362.17	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200	23.27	6.61	16.66	Radiologic examination, sacroiliac joints; less than three views
72202	27.35	7.14	20.21	Radiologic examination, sacroiliac joints; three or more views
72220	25.26	6.61	18.65	Radiologic examination, sacrum and coccyx, minimum of two views
72240	187.70	34.11	153.59	Myelography, cervical, radiological supervision and interpretation
72255	173.32	33.48	139.84	Myelography, thoracic, radiological supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
72265	162.46	30.73	131.73	Myelography, lumbosacral, radiological supervision and interpretation
72270	247.20	49.76	197.44	Myelography, two or more regions (eg, lumbar/thoracic,cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical),radiological supervision and interpretation
72275	97.56	27.31	70.25	Epidurography, radiological supervision and interpretation
72285	314.32	43.58	270.74	Diskography, cervical or thoracic, radiological supervision and interpretation
72295	285.65	31.78	253.87	Diskography, lumbar, radiological supervision and interpretation
73000	22.69	6.03	16.66	Radiologic examination; clavicle, complete
73010	23.27	6.61	16.66	Radiologic examination; scapula, complete
73020	20.86	5.76	15.10	Radiologic examination, shoulder; one view
73030	25.52	6.87	18.65	Radiologic examination, shoulder; complete, minimum of two views
73040	88.52	20.41	68.11	Radiologic examination, shoulder, arthrography, radiological supervisionand interpretation
73050	29.49	7.72	21.77	Radiologic examination; acromioclavicular joints, bilateral, with orwithout weighted distraction
73060	25.26	6.61	18.65	Radiologic examination; humerus, minimum of two views
73070	22.42	5.76	16.66	Radiologic examination, elbow; two views
73080	25.26	6.61	18.65	Radiologic examination, elbow; complete, minimum of three views
73085	89.04	20.93	68.11	Radiologic examination, elbow, arthrography, radiological supervisionand interpretation
73090	22.69	6.03	16.66	Radiologic examination; forearm, two views
73092	21.75	6.03	15.72	Radiologic examination; upper extremity, infant, minimum of two views
73100	21.75	6.03	15.72	Radiologic examination, wrist; two views
73110	23.58	6.61	16.97	Radiologic examination, wrist; complete, minimum of three views
73115	72.07	20.62	51.45	Radiologic examination, wrist, arthrography, radiological supervisionand interpretation
73120	21.75	6.03	15.72	Radiologic examination, hand; two views
73130	23.58	6.61	16.97	Radiologic examination, hand; minimum of three views
73140	18.46	4.92	13.54	Radiologic examination, finger(s), minimum of two views
73200	201.44	41.29	160.15	Computed tomography, upper extremity; without contrast material
73201	234.86	43.78	191.08	Computed tomography, upper extremity; with contrast material(s)
73202	286.13	46.21	239.92	Computed tomography, upper extremity; without contrast material,followed by contrast material(s) and further sections
73206	418.66	68.26	350.40	Computed tomographic angiography, upper extremity, without contrastmaterial(s), followed by contrast material(s) and further sections,including image post-processing
73218	408.81	50.92	357.89	Magnetic resonance (eg, proton) imaging, upper extremity, other thanjoint; without contrast material(s)
73219	490.94	61.43	429.51	Magnetic resonance (eg, proton) imaging, upper extremity, other thanjoint; with contrast material(s)
73220	875.93	81.47	794.46	Magnetic resonance (eg, proton) imaging, upper extremity, other thanjoint; without contrast material(s), followed by

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Code	Global Fee	PC Fee	TC Fee	Description
				contrast material(s)and further sequences
73221	408.81	50.92	357.89	Magnetic resonance (eg, proton) imaging, any joint of upper extremity;without contrast material(s)
73222	490.63	61.12	429.51	Magnetic resonance (eg, proton) imaging, any joint of upper extremity;with contrast material(s)
73223	875.93	81.47	794.46	Magnetic resonance (eg, proton) imaging, any joint of upper extremity;without contrast material(s), followed by contrast material(s) andfurther sequences
73225	425.30	69.06	356.24	Magnetic resonance angiography, upper extremity, with or withoutcontrast material(s)
73500	21.71	6.61	15.10	Radiologic examination, hip, unilateral; one view
73510	26.63	7.98	18.65	Radiologic examination, hip, unilateral; complete, minimum of two views
73520	31.71	9.94	21.77	Radiologic examination, hips, bilateral, minimum of two views of eachhip, including anteroposterior view of pelvis
73525	88.73	20.62	68.11	Radiologic examination, hip, arthrography, radiological supervision andinterpretation
73530	27.71	11.05	16.66	Radiologic examination, hip, during operative procedure
73540	26.37	7.72	18.65	Radiologic examination, pelvis and hips, infant or child, minimum of twoviews
73542	89.65	21.54	68.11	Radiological examination, sacroiliac joint arthrography, radiologicalsupervision and interpretation
73550	25.26	6.61	18.65	Radiologic examination, femur, two views
73560	23.27	6.61	16.66	Radiologic examination, knee; one or two views
73562	25.52	6.87	18.65	Radiologic examination, knee; three views
73564	28.46	8.25	20.21	Radiologic examination, knee; complete, four or more views
73565	22.33	6.61	15.72	Radiologic examination, knee; both knees, standing, anteroposterior
73580	105.07	20.31	84.76	Radiologic examination, knee, arthrography, radiological supervision andinterpretation
73590	23.27	6.61	16.66	Radiologic examination; tibia and fibula, two views
73592	21.75	6.03	15.72	Radiologic examination; lower extremity, infant, minimum of two views
73600	21.75	6.03	15.72	Radiologic examination, ankle; two views
73610	23.58	6.61	16.97	Radiologic examination, ankle; complete, minimum of three views
73615	88.73	20.62	68.11	Radiologic examination, ankle, arthrography, radiological supervisionand interpretation
73620	21.75	6.03	15.72	Radiologic examination, foot; two views
73630	23.58	6.61	16.97	Radiologic examination, foot; complete, minimum of three views
73650	21.13	6.03	15.10	Radiologic examination; calcaneus, minimum of two views
73660	18.46	4.92	13.54	Radiologic examination; toe(s), minimum of two views
73700	201.44	41.29	160.15	Computed tomography, lower extremity; without contrast material
73701	234.86	43.78	191.08	Computed tomography, lower extremity; with contrast material(s)
73702	285.92	46.00	239.92	Computed tomography, lower extremity; without contrast material,followed by contrast material(s) and further sections
73706	422.20	71.80	350.40	Computed tomographic angiography, lower extremity, without contrastmaterial(s), followed by contrast material(s) and further sections,including image post-processing

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Code	Global Fee	PC Fee	TC Fee	Description
73718	408.81	50.92	357.89	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	490.63	61.12	429.51	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	875.62	81.16	794.46	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	408.81	50.92	357.89	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	490.63	61.12	429.51	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	875.93	81.47	794.46	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	431.01	68.84	362.17	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74000	23.53	6.87	16.66	Radiologic examination, abdomen; single anteroposterior view
74010	27.48	8.83	18.65	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views
74020	30.41	10.20	20.21	Radiologic examination, abdomen; complete, including decubitus and/or erect views
74022	35.69	11.84	23.85	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150	227.96	44.89	183.07	Computed tomography, abdomen; without contrast material
74160	269.34	48.16	221.18	Computed tomography, abdomen; with contrast material(s)
74170	327.04	52.87	274.17	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74175	455.38	71.59	383.79	Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
74181	414.26	55.09	359.17	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	496.09	65.51	430.58	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	881.52	85.34	796.18	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	430.16	67.99	362.17	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	60.57	18.19	42.38	Peritoneogram (eg, after injection of air or contrast), radiologic supervision and interpretation
74210	52.17	13.75	38.42	Radiologic examination; pharynx and/or cervical esophagus
74220	55.76	17.34	38.42	Radiologic examination; esophagus
74230	62.21	19.83	42.38	Swallowing function, with cineradiography/video radiography
74235	129.86	45.10	84.76	Removal of foreign body(s), esophageal, with use of balloon catheter, radiologic supervision and interpretation
74240	73.45	26.17	47.28	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241	74.38	26.17	48.21	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB
74245	111.48	34.42	77.06	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films

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Code	Global Fee	PC Fee	TC Fee	Description
74246	79.49	26.17	53.32	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
74247	80.96	26.17	54.79	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB
74249	117.62	34.42	83.20	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through
74250	59.99	17.61	42.38	Radiologic examination, small intestine, includes multiple serial films;
74251	68.55	26.17	42.38	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube
74260	66.93	18.72	48.21	Duodenography, hypotonic
74270	81.58	26.17	55.41	Radiologic examination, colon; barium enema, with or without KUB
74280	109.55	37.17	72.38	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon
74283	159.13	76.24	82.89	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290	35.69	11.84	23.85	Cholecystography, oral contrast;
74291	21.26	7.72	13.54	Cholecystography, oral contrast; additional or repeat examination or multiple day examination
74300		13.75		Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301		7.98		Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)
74305	41.38	15.97	25.41	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation
74320	122.36	20.41	101.95	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327	83.72	26.44	57.28	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation
74328	128.39	26.44	101.95	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329	128.39	26.44	101.95	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330	135.79	33.84	101.95	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340	105.17	20.41	84.76	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
74350	130.60	28.65	101.95	Percutaneous placement of gastrostomy tube, radiological supervision and interpretation
74355	113.41	28.65	84.76	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360	122.88	20.93	101.95	Intraluminal dilation of strictures and/or obstructions (eg,

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Code	Global Fee	PC Fee	TC Fee	Description
				esophagus),radiological supervision and interpretation
74363	230.75	33.31	197.44	Percutaneous transhepatic dilation of biliary duct stricture with orwithout placement of stent, radiological supervision and interpretation
74400	73.24	18.45	54.79	Urography (pyelography), intravenous, with or without KUB, with orwithout tomography
74410	81.66	18.45	63.21	Urography, infusion, drip technique and/or bolus technique;
74415	87.18	18.45	68.73	Urography, infusion, drip technique and/or bolus technique; withnephrotomography
74420	98.51	13.75	84.76	Urography, retrograde, with or without KUB
74425	56.13	13.75	42.38	Urography, antegrade, (pyelostogram, nephrostogram, loopogram),radiological supervision and interpretation
74430	46.11	12.06	34.05	Cystography, minimum of three views, radiological supervision andinterpretation
74440	50.83	14.28	36.55	Vasography, vesiculography, or epididymography, radiological supervisionand interpretation
74445	79.91	43.36	36.55	Corpora cavernosography, radiological supervision and interpretation
74450	59.92	12.64	47.28	Urethrocystography, retrograde, radiological supervision andinterpretation
74455	64.09	12.64	51.45	Urethrocystography, voiding, radiological supervision and interpretation
74470	60.92	20.41	40.51	Radiologic examination, renal cyst study, translumbar, contrastvisualization, radiological supervision and interpretation
74475	152.14	20.41	131.73	Introduction of intracatheter or catheter into renal pelvis for drainageand/or injection, percutaneous, radiological supervision andinterpretation
74480	152.14	20.41	131.73	Introduction of ureteral catheter or stent into ureter through renalpelvis for drainage and/or injection, percutaneous, radiologicalsupervision and interpretation
74485	122.26	20.31	101.95	Dilation of nephrostomy, ureters, or urethra, radiological supervisionand interpretation
74710	46.95	12.90	34.05	Pelvimetry, with or without placental localization
74740	56.97	14.59	42.38	Hysterosalpingography, radiological supervision and interpretation
74742	125.06	23.11	101.95	Transcervical catheterization of fallopian tube, radiologicalsupervision and interpretation
74775	70.96	23.68	47.28	Perineogram (eg, vaginogram, for sex determination or extent ofanomalies)
75552	422.76	60.59	362.17	Cardiac magnetic resonance imaging for morphology; without contrastmaterial
75553	437.14	74.97	362.17	Cardiac magnetic resonance imaging for morphology; with contrastmaterial
75554	432.31	70.14	362.17	Cardiac magnetic resonance imaging for function, with or withoutmorphology; complete study
75555	429.91	67.74	362.17	Cardiac magnetic resonance imaging for function, with or withoutmorphology; limited study
75556	I.C.	I.C.	I.C.	Cardiac magnetic resonance imaging for velocity flow mapping
75600	426.54	19.39	407.15	Aortography, thoracic, without serialography, radiological supervisionand interpretation
75605	451.02	43.87	407.15	Aortography, thoracic, by serialography, radiological supervision andinterpretation
75625	450.61	43.46	407.15	Aortography, abdominal, by serialography, radiological



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Code	Global Fee	PC Fee	TC Fee	Description
				supervision and interpretation
75630	493.54	68.99	424.55	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635	595.72	90.83	504.89	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
75650	463.78	56.63	407.15	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation
75658	458.15	51.00	407.15	Angiography, brachial, retrograde, radiological supervision and interpretation
75660	457.43	50.28	407.15	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662	471.42	64.27	407.15	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665	457.65	50.50	407.15	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671	470.39	63.24	407.15	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676	457.65	50.50	407.15	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation
75680	470.39	63.24	407.15	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation
75685	456.90	49.75	407.15	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75705	490.69	83.54	407.15	Angiography, spinal, selective, radiological supervision and interpretation
75710	451.14	43.99	407.15	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	456.90	49.75	407.15	Angiography, extremity, bilateral, radiological supervision and interpretation
75722	451.23	44.08	407.15	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation
75724	465.53	58.38	407.15	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation
75726	450.08	42.93	407.15	Angiography, visceral, selective or supraseductive, (with or without flush aortogram), radiological supervision and interpretation
75731	450.30	43.15	407.15	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	457.00	49.85	407.15	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	450.61	43.46	407.15	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation
75741	456.69	49.54	407.15	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	469.65	62.50	407.15	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	450.40	43.25	407.15	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	452.37	45.22	407.15	Angiography, internal mammary, radiological supervision

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Code	Global Fee	PC Fee	TC Fee	Description
				and interpretation
75774	420.90	13.75	407.15	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75790	113.64	69.80	43.84	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation
75801	206.51	31.46	175.05	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	219.09	44.04	175.05	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	228.48	31.04	197.44	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	241.48	44.04	197.44	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	43.02	17.61	25.41	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
75810	450.08	42.93	407.15	Splenoportography, radiological supervision and interpretation
75820	57.58	26.65	30.93	Venography, extremity, unilateral, radiological supervision and interpretation
75822	88.08	40.18	47.90	Venography, extremity, bilateral, radiological supervision and interpretation
75825	450.51	43.36	407.15	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	450.30	43.15	407.15	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	450.51	43.36	407.15	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	463.99	56.84	407.15	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	450.82	43.67	407.15	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	463.25	56.10	407.15	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	450.71	43.56	407.15	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	450.71	43.56	407.15	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	451.80	44.65	407.15	Venography, epidural, radiological supervision and interpretation
75880	57.37	26.44	30.93	Venography, orbital, radiological supervision and interpretation
75885	461.61	54.46	407.15	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	461.40	54.25	407.15	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
75889	450.08	42.93	407.15	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891	450.08	42.93	407.15	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	427.77	20.62	407.15	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
75894	830.23	49.97	780.26	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75896	729.01	50.38	678.63	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation
75898	96.81	62.76	34.05	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
75900	696.89	18.67	678.22	Exchange of a previously placed arterial catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
75901	77.10	18.45	58.65	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
75902	73.51	14.86	58.65	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
75940	427.98	20.83	407.15	Percutaneous placement of IVC filter, radiological supervision and interpretation
75945	163.31	15.86	147.45	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946	90.33	16.08	74.25	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)
75952		175.32		Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
75953		52.99		Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
75954		87.39		Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation
75960	513.11	31.61	481.50	Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel
75961	500.31	160.84	339.47	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation
75962	529.83	20.83	509.00	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation
75964	285.01	13.96	271.05	Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75966	559.69	50.69	509.00	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
75968	285.11	14.06	271.05	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75970	404.67	31.67	373.00	Transcatheter biopsy, radiological supervision and interpretation
75978	529.62	20.62	509.00	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation
75980	229.30	54.25	175.05	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
75982	251.69	54.25	197.44	Percutaneous placement of drainage catheter for combined

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Code	Global Fee	PC Fee	TC Fee	Description
				internal andexternal biliary drainage or of a drainage stent for internal biliarydrainage in patients with an inoperable mechanical biliary obstruction,radiological supervision and interpretation
75984	90.18	26.97	63.21	Change of percutaneous tube or drainage catheter with contrastmonitoring (eg, gastrointestinal system, genitourinary system,abscess), radiological supervision and interpretation
75989	146.84	44.89	101.95	Radiological guidance (ie, fluoroscopy, ultrasound, or computedtomography), for percutaneous drainage (eg, abscess, specimencollection), with placement of catheter, radiological supervision andinterpretation
75992	529.93	20.93	509.00	Transluminal atherectomy, peripheral artery, radiological supervisionand interpretation
75993	285.11	14.06	271.05	Transluminal atherectomy, each additional peripheral artery,radiological supervision and interpretation (List separately inaddition to code for primary procedure)
75994	559.69	50.69	509.00	Transluminal atherectomy, renal, radiological supervision andinterpretation
75995	559.58	50.58	509.00	Transluminal atherectomy, visceral, radiological supervision andinterpretation
75996	284.80	13.75	271.05	Transluminal atherectomy, each additional visceral artery, radiologicalsupervision and interpretation (List separately in addition to code forprimary procedure)
75998	57.40	14.38	43.02	Fluoroscopic guidance for central venous access device placement,replacement (catheter only or complete), or removal (includesfluoroscopic guidance for vascular access and catheter manipulation,any necessary contrast injections through access site or catheter withrelated venography radiologic supervision and interpretation, andradiographic documentation of final catheter position) (List separatelyin addition to code for primary procedure)
76000	48.68	6.30	42.38	Fluoroscopy (separate procedure), up to one hour physician time, otherthan 71023 or 71034 (eg, cardiac fluoroscopy)
76001	110.51	25.75	84.76	Fluoroscopy, physician time more than one hour, assisting anon-radiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy,transbronchial biopsy)
76003	62.69	20.31	42.38	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration,injection, localization device)
76005	63.87	21.49	42.38	Fluoroscopic guidance and localization of needle or catheter tip forspine or paraspinous diagnostic or therapeutic injection procedures(epidural, transforaminal epidural, subarachnoid, paravertebral facetjoint, paravertebral facet joint nerve or sacroiliac joint), includingneurolytic agent destruction
76006		17.80		Manual application of stress performed by physician for jointradiography, including contralateral joint if indicated
76010	23.53	6.87	16.66	Radiologic examination from nose to rectum for foreign body, singleview, child
76012		51.65		Radiological supervision and interpretation, percutaneousvertebroplasty, per vertebral body; under fluoroscopic guidance
76013		53.39		Radiological supervision and interpretation, percutaneousvertebroplasty, per vertebral body; under CT guidance

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Code	Global Fee	PC Fee	TC Fee	Description
76020	23.80	7.14	16.66	Bone age studies
76040	35.61	10.20	25.41	Bone length studies (orthoroentgenogram, scanogram)
76061	49.57	17.08	32.49	Radiologic examination, osseous survey; limited (eg, for metastases)
76062	67.06	20.41	46.65	Radiologic examination, osseous survey; complete (axial and appendicularskeleton)
76065	50.29	26.44	23.85	Radiologic examination, osseous survey, infant
76066	47.72	11.79	35.93	Joint survey, single view, two or more joints (specify)
76070	104.85	9.36	95.49	Computed tomography, bone mineral density study, one or more sites;axial skeleton (eg, hips, pelvis, spine)
76071	101.39	8.25	93.14	Computed tomography, bone mineral density study, one or more sites;appendicular skeleton (peripheral) (eg, radius, wrist, heel)
76075	111.39	11.31	100.08	Dual energy x-ray absorptiometry (DXA), bone density study, one or moresites; axial skeleton (eg, hips, pelvis, spine)
76076	33.04	8.56	24.48	Dual energy x-ray absorptiometry (DXA), bone density study, one or moresites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
76077	31.09	6.61	24.48	Dual energy x-ray absorptiometry (DXA), bone density study, one or moresites; vertebral fracture assessment
76078	32.20	7.72	24.48	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), oneor more sites
76080	54.46	20.41	34.05	Radiologic examination, abscess, fistula or sinus tract study,radiological supervision and interpretation
76082	15.75	2.43	13.32	Computer aided detection (computer algorithm analysis of digital imagedata for lesion detection) with further physician review forinterpretation, with or without digitization of film radiographicimages; diagnostic mammography (List separately in addition to code forprimary procedure)
76083	15.75	2.43	13.32	Computer aided detection (computer algorithm analysis of digital imagedata for lesion detection) with further physician review forinterpretation, with or without digitization of film radiographicimages; screening mammography (List separately in addition to code forprimary procedure)
76086	98.51	13.75	84.76	Mammary ductogram or galactogram, single duct, radiological supervisionand interpretation
76088	135.37	17.08	118.29	Mammary ductogram or galactogram, multiple ducts, radiologicalsupervision and interpretation
76090	60.49	26.44	34.05	Mammography; unilateral
76091	75.11	32.73	42.38	Mammography; bilateral
76092	88.21	35.16	53.05	Screening mammography, bilateral (two view film study of each breast)
76093	630.99	61.39	569.60	Magnetic resonance imaging, breast, without and/or with contrastmaterial(s); unilateral
76094	834.14	61.39	772.75	Magnetic resonance imaging, breast, without and/or with contrastmaterial(s); bilateral
76095	291.82	60.44	231.38	Stereotactic localization guidance for breast biopsy or needle placement(eg, for wire localization or for injection), each lesion, radiologicalsupervision and interpretation
76096	63.53	21.15	42.38	Mammographic guidance for needle placement, breast (eg, for wirelocalization or for injection), each lesion, radiological supervisionand interpretation
76098	19.57	6.03	13.54	Radiological examination, surgical specimen
76100	62.51	22.00	40.51	Radiologic examination, single plane body section (eg,

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Code	Global Fee	PC Fee	TC Fee	Description
				tomography), other than with urography
76101	68.03	22.00	46.03	Radiologic examination, complex motion (ie, hypercycloidal) body section(eg, mastoid polytomography), other than with urography; unilateral
76102	78.35	22.00	56.35	Radiologic examination, complex motion (ie, hypercycloidal) body section(eg, mastoid polytomography), other than with urography; bilateral
76120	48.64	14.59	34.05	Cineradiography/videoradiography, except where specifically included
76125	35.61	10.20	25.41	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)
76140	I.C.	I.C.	I.C.	Consultation on x-ray examination made elsewhere, written report
76150	I.C.	I.C.	I.C.	Xeroradiography
76350	I.C.	I.C.	I.C.	Subtraction in conjunction with contrast studies
76355	312.73	45.95	266.78	Computed tomography guidance for stereotactic localization
76360	310.56	43.78	266.78	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
76362	439.78	150.74	289.04	Computed tomography guidance for, and monitoring of, visceral tissue ablation
76370	127.69	32.20	95.49	Computed tomography guidance for placement of radiation therapy fields
76375	120.36	6.03	114.33	Coronal, sagittal, multiplanar, oblique, 3-dimensional and/or holographic reconstruction of computed tomography, magnetic resonance imaging, or other tomographic modality
76380	149.98	36.90	113.08	Computed tomography, limited or localized follow-up study
76390	409.64	53.40	356.24	Magnetic resonance spectroscopy
76393	418.74	57.42	361.32	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
76394	543.89	160.96	382.93	Magnetic resonance guidance for, and monitoring of, visceral tissue ablation
76400	422.45	60.28	362.17	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
76496	I.C.	I.C.	I.C.	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
76497	I.C.	I.C.	I.C.	Unlisted computed tomography procedure (eg, diagnostic, interventional)
76498	I.C.	I.C.	I.C.	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499	I.C.	I.C.	I.C.	Unlisted diagnostic radiographic procedure
76506	71.34	25.31	46.03	Echoencephalography, B-scan and/or real time with image documentation(gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
76510	132.61	63.08	69.53	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
76511	102.97	38.12	64.85	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
76512	97.16	38.53	58.63	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
76513	76.61	27.03	49.58	Ophthalmic ultrasound, diagnostic; anterior segment

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Code	Global Fee	PC Fee	TC Fee	Description
				ultrasound,immersion (water bath) B-scan or high resolution biomicroscopy
76514	9.00	7.23	1.77	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516	61.63	22.06	39.57	Ophthalmic biometry by ultrasound echography, A-scan;
76519	64.44	22.06	42.38	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
76529	60.06	23.08	36.98	Ophthalmic ultrasonic foreign body localization
76536	67.18	21.15	46.03	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation
76604	63.05	20.67	42.38	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation
76645	54.46	20.41	34.05	Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation
76700	94.66	30.82	63.84	Ultrasound, abdominal, B-scan and/or real time with image documentation; complete
76705	68.29	22.26	46.03	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76770	91.65	27.81	63.84	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete
76775	68.03	22.00	46.03	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; limited
76778	91.65	27.81	63.84	Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study
76800	87.76	41.73	46.03	Ultrasound, spinal canal and contents
76801	105.90	37.79	68.11	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach; single or first gestation
76802	67.32	31.98	35.34	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76805	105.90	37.79	68.11	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester ( or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	75.01	37.53	37.48	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester ( or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	193.98	74.61	119.37	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	111.20	69.65	41.55	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	71.14	25.11	46.03	Ultrasound, pregnant uterus, real time with image

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Code	Global Fee	PC Fee	TC Fee	Description
				documentation, limited(eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
76816	69.38	33.45	35.93	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76817	77.42	28.70	48.72	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	93.55	41.16	52.39	Fetal biophysical profile; with non-stress testing
76819	82.25	29.86	52.39	Fetal biophysical profile; without non-stress testing
76820	72.69	19.87	52.82	Doppler velocimetry, fetal; umbilical artery
76821	80.50	27.68	52.82	Doppler velocimetry, fetal; middle cerebral artery
76825	128.47	64.63	63.84	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	54.99	31.76	23.23	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	78.87	22.62	56.25	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	58.75	22.40	36.35	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
76830	75.75	26.17	49.58	Ultrasound, transvaginal
76831	77.17	27.59	49.58	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	75.75	26.17	49.58	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete
76857	68.93	14.28	54.65	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles)
76870	73.80	24.22	49.58	Ultrasound, scrotum and contents
76872	91.25	26.07	65.18	Ultrasound, transrectal;
76873	127.71	58.75	68.96	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76880	68.29	22.26	46.03	Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation
76885	77.39	27.81	49.58	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)
76886	69.40	23.37	46.03	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)
76930	75.63	26.05	49.58	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932	75.63	26.05	49.58	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	279.88	76.30	203.58	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76937	25.74	11.74	14.00	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real time ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)



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Code	Global Fee	PC Fee	TC Fee	Description
76940	133.33	79.68	53.65	Ultrasound guidance for, and monitoring of, visceral tissue ablation
76941	101.26	51.80	49.46	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	115.17	25.33	89.84	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945	75.00	25.54	49.46	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946	64.48	14.90	49.58	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76948	64.17	14.59	49.58	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76950	64.38	22.00	42.38	Ultrasonic guidance for placement of radiation therapy fields
76965	230.81	50.77	180.04	Ultrasonic guidance for interstitial radioelement application
76970	49.17	15.12	34.05	Ultrasound study follow-up (specify)
76975	80.71	31.13	49.58	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	28.83	2.17	26.66	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76986	131.72	46.96	84.76	Ultrasonic guidance, intraoperative
76999	I.C.	I.C.	I.C.	Unlisted ultrasound procedure (eg, diagnostic, interventional)
77261		54.38		Therapeutic radiology treatment planning; simple
77262		81.87		Therapeutic radiology treatment planning; intermediate
77263		121.57		Therapeutic radiology treatment planning; complex
77280	138.49	26.34	112.15	Therapeutic radiology simulation-aided field setting; simple
77285	219.86	39.60	180.26	Therapeutic radiology simulation-aided field setting; intermediate
77290	269.46	58.80	210.66	Therapeutic radiology simulation-aided field setting; complex
77295	1075.32	171.97	903.35	Therapeutic radiology simulation-aided field setting; three-dimensional
77299	I.C.	I.C.	I.C.	Unlisted procedure, therapeutic radiology clinical treatment planning
77300	66.69	23.37	43.32	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician
77301	1204.28	300.93	903.35	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77305	87.05	26.65	60.40	Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)
77310	115.10	39.60	75.50	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest)
77315	144.81	58.80	86.01	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
77321	166.28	35.70	130.58	Special teletherapy port plan, particles, hemibody, total body
77326	111.60	35.16	76.44	Brachytherapy isodose plan; simple (calculation made from

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				single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)
77327	164.34	52.19	112.15	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
77328	238.99	78.84	160.15	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77331	48.76	32.73	16.03	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	63.63	20.31	43.32	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	92.96	31.62	61.34	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	151.81	46.74	105.07	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77336	I.C.	I.C.	I.C.	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77370	I.C.	I.C.	I.C.	Special medical radiation physics consultation
77399	I.C.	I.C.	I.C.	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77401	I.C.	I.C.	I.C.	Radiation treatment delivery, superficial and/or ortho voltage
77402	I.C.	I.C.	I.C.	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
77403	I.C.	I.C.	I.C.	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV
77404	I.C.	I.C.	I.C.	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV
77406	I.C.	I.C.	I.C.	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater
77407	I.C.	I.C.	I.C.	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408	I.C.	I.C.	I.C.	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 6-10 MeV
77409	I.C.	I.C.	I.C.	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 11-19 MeV
77411	I.C.	I.C.	I.C.	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater
77412	I.C.	I.C.	I.C.	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); up to 5 MeV

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Code	Global Fee	PC Fee	TC Fee	Description
77413	I.C.	I.C.	I.C.	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 6-10 MeV
77414	I.C.	I.C.	I.C.	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 11-19 MeV
77416	I.C.	I.C.	I.C.	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 20 MeV or greater
77417	I.C.	I.C.	I.C.	Therapeutic radiology port film(s)
77418	I.C.	I.C.	I.C.	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77427		124.74		Radiation treatment management, five treatments
77431		71.28		Radiation therapy management with complete course of therapy consisting of one or two fractions only
77432		309.90		Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)
77470	439.45	78.84	360.61	Special treatment procedure (eg, total body irradiation, hemibody irradiation, per oral, endocavitary or intraoperative cone irradiation)
77499	I.C.	I.C.	I.C.	Unlisted procedure, therapeutic radiology treatment management
77520	I.C.	I.C.	I.C.	Proton treatment delivery; simple, without compensation
77522	I.C.	I.C.	I.C.	Proton treatment delivery; simple, with compensation
77523	I.C.	I.C.	I.C.	Proton treatment delivery; intermediate
77525	I.C.	I.C.	I.C.	Proton treatment delivery; complex
77600	157.41	58.80	98.61	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	211.02	79.60	131.42	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	157.72	59.11	98.61	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	209.95	78.53	131.42	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	160.60	61.99	98.61	Hyperthermia generated by intracavitary probe(s)
77750	227.98	184.97	43.01	Infusion or instillation of radioelement solution (includes three months follow-up care)
77761	220.16	139.14	81.02	Intracavitary radiation source application; simple
77762	332.11	215.38	116.73	Intracavitary radiation source application; intermediate
77763	467.83	322.78	145.05	Intracavitary radiation source application; complex
77776	233.33	162.51	70.82	Interstitial radiation source application; simple
77777	418.11	281.39	136.72	Interstitial radiation source application; intermediate
77778	586.54	420.66	165.88	Interstitial radiation source application; complex
77781	718.63	62.40	656.23	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters
77782	750.20	93.97	656.23	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters
77783	796.36	140.13	656.23	Remote afterloading high intensity brachytherapy; 9-12 source

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				positions or catheters
77784	867.22	210.99	656.23	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters
77789	56.87	42.40	14.47	Surface application of radiation source
77790	55.63	39.60	16.03	Supervision, handling, loading of radiation source
77799	I.C.	I.C.	I.C.	Unlisted procedure, clinical brachytherapy
78000	38.70	7.14	31.56	Thyroid uptake; single determination
78001	52.32	9.94	42.38	Thyroid uptake; multiple determinations
78003	43.98	12.42	31.56	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)
78006	95.51	18.45	77.06	Thyroid imaging, with uptake; single determination
78007	102.23	19.03	83.20	Thyroid imaging, with uptake; multiple determinations
78010	74.02	14.86	59.16	Thyroid imaging; only
78011	95.08	17.08	78.00	Thyroid imaging; with vascular flow
78015	108.84	25.64	83.20	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	143.86	31.40	112.46	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
78018	208.45	33.09	175.36	Thyroid carcinoma metastases imaging; whole body
78020	66.82	22.94	43.88	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
78070	167.02	31.40	135.62	Parathyroid imaging
78075	203.80	28.44	175.36	Adrenal imaging, cortex and/or medulla
78099	I.C.	I.C.	I.C.	Unlisted endocrine procedure, diagnostic nuclear medicine
78102	87.22	20.98	66.24	Bone marrow imaging; limited area
78103	131.27	28.70	102.57	Bone marrow imaging; multiple areas
78104	162.07	30.34	131.73	Bone marrow imaging; whole body
78110	38.38	7.45	30.93	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	91.76	8.56	83.20	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
78120	65.18	8.83	56.35	Red cell volume determination (separate procedure); single sampling
78121	105.98	12.16	93.82	Red cell volume determination (separate procedure); multiple samplings
78122	166.09	17.39	148.70	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	115.36	23.42	91.94	Red cell survival study;
78135	181.87	24.53	157.34	Red cell survival study; differential organ/tissue kinetics, (eg, splenic and/or hepatic sequestration)
78140	150.26	23.11	127.15	Labeled red cell sequestration, differential organ/tissue, (eg, splenic and/or hepatic)
78160	131.67	13.38	118.29	Plasma radioiron disappearance (turnover) rate
78162	121.83	18.32	103.51	Radioiron oral absorption
78170	187.41	15.70	171.71	Radioiron red cell utilization
78172	19.83	19.83		Chelatable iron for estimation of total body iron
78185	91.87	15.43	76.44	Spleen imaging only, with or without vascular flow
78190	227.50	42.87	184.63	Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191	260.10	23.11	236.99	Platelet survival study
78195	177.72	45.99	131.73	Lymphatics and lymph nodes imaging

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Code	Global Fee	PC Fee	TC Fee	Description
78199	I.C.	I.C.	I.C.	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78201	93.25	16.81	76.44	Liver imaging; static only
78202	112.18	19.30	92.88	Liver imaging; with vascular flow
78205	218.09	27.01	191.08	Liver imaging (SPECT);
78206	223.48	36.68	186.80	Liver imaging (SPECT); with vascular flow
78215	113.20	18.45	94.75	Liver and spleen imaging; static only
78216	133.98	21.52	112.46	Liver and spleen imaging; with vascular flow
78220	138.61	18.45	120.16	Liver function study with hepatobiliary agents, with serial images
78223	150.22	31.93	118.29	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
78230	87.90	17.08	70.82	Salivary gland imaging;
78231	122.44	19.87	102.57	Salivary gland imaging; with serial images
78232	132.25	17.92	114.33	Salivary gland function study
78258	121.00	28.12	92.88	Esophageal motility
78261	159.15	26.48	132.67	Gastric mucosa imaging
78262	163.25	25.90	137.35	Gastroesophageal reflux study
78264	163.10	29.50	133.60	Gastric emptying study
78267	I.C.	I.C.	I.C.	Urea breath test, C-14 (isotopic); acquisition for analysis
78268	I.C.	I.C.	I.C.	Urea breath test, C-14 (isotopic); analysis
78270	58.23	7.72	50.51	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271	61.04	7.72	53.32	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor
78272	85.39	10.20	75.19	Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278	194.82	37.48	157.34	Acute gastrointestinal blood loss imaging
78282	14.59	14.59		Gastrointestinal protein loss
78290	124.51	25.90	98.61	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291	132.54	33.62	98.92	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
78299	I.C.	I.C.	I.C.	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78300	104.08	23.68	80.40	Bone and/or joint imaging; limited area
78305	149.96	31.67	118.29	Bone and/or joint imaging; multiple areas
78306	170.75	32.78	137.97	Bone and/or joint imaging; whole body
78315	193.12	38.59	154.53	Bone and/or joint imaging; three phase study
78320	230.83	39.75	191.08	Bone and/or joint imaging; tomographic (SPECT)
78350	32.73	8.25	24.48	Bone density (bone mineral content) study, one or more sites; single photon absorptiometry
78351	I.C.	I.C.	I.C.	Bone density (bone mineral content) study, one or more sites; dual photon absorptiometry, one or more sites
78399	I.C.	I.C.	I.C.	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78414		17.39		Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
78428	103.44	30.44	73.00	Cardiac shunt detection
78445	79.16	18.76	60.40	Non-cardiac vascular flow imaging (ie, angiography,

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Code	Global Fee	PC Fee	TC Fee	Description
				venography)
78455	156.57	27.86	128.71	Venous thrombosis study (eg, radioactive fibrinogen)
78456	168.48	38.06	130.42	Acute venous thrombosis imaging, peptide
78457	115.46	29.45	86.01	Venous thrombosis imaging, venogram; unilateral
78458	164.74	34.78	129.96	Venous thrombosis imaging, venogram; bilateral
78459		58.75		Myocardial imaging, positron emission tomography (PET), metabolicevaluation
78460	109.22	32.78	76.44	Myocardial perfusion imaging; (planar) single study, at rest or stress(exercise and/or pharmacologic), with or without quantification
78461	199.86	47.20	152.66	Myocardial perfusion imaging; multiple studies, (planar) at rest and/orstress (exercise and/or pharmacologic), and redistribution and/or reinjection, with or without quantification
78464	270.27	41.70	228.57	Myocardial perfusion imaging; tomographic (SPECT), single study(including attenuation correction when performed), at rest or stress(exercise and/or pharmacologic), with or without quantification
78465	437.57	56.34	381.23	Myocardial perfusion imaging; tomographic (SPECT), multiple studies(including attenuation correction when performed), at rest and/orstress (exercise and/or pharmacologic) and redistribution and/or reinjection, with or without quantification
78466	111.24	26.48	84.76	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	148.63	30.34	118.29	Myocardial imaging, infarct avid, planar; with ejection fraction byfirst pass technique
78469	203.69	34.78	168.91	Myocardial imaging, infarct avid, planar; tomographic SPECT with orwithout quantification
78472	215.91	37.53	178.38	Cardiac blood pool imaging, gated equilibrium; planar, single study atrest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473	323.07	56.29	266.78	Cardiac blood pool imaging, gated equilibrium; multiple studies, wallmotion study plus ejection fraction, at rest and stress (exerciseand/or pharmacologic), with or without additional quantification
78478	74.92	24.09	50.83	Myocardial perfusion study with wall motion, qualitative or quantitativestudy (List separately in addition to code for primary procedure)
78480	74.61	23.78	50.83	Myocardial perfusion study with ejection fraction (List separately inaddition to code for primary procedure)
78481	207.06	38.15	168.91	Cardiac blood pool imaging, (planar), first pass technique; singlestudy, at rest or with stress (exercise and/or pharmacologic), wallmotion study plus ejection fraction, with or without quantification
78483	311.40	57.01	254.39	Cardiac blood pool imaging, (planar), first pass technique; multiplestudies, at rest and with stress (exercise and/ or pharmacologic), wallmotion study plus ejection fraction, with or without quantification
78491		59.59		Myocardial imaging, positron emission tomography (PET), perfusion;single study at rest or stress
78492		74.32		Myocardial imaging, positron emission tomography (PET), perfusion;multiple studies at rest and/or stress
78494	272.89	45.82	227.07	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest,

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Code	Global Fee	PC Fee	TC Fee	Description
				wallmotion study plus ejection fraction, with or without quantitative processing
78496	246.41	19.34	227.07	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
78499	I.C.	I.C.	I.C.	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78580	139.02	28.12	110.90	Pulmonary perfusion imaging, particulate
78584	140.99	37.48	103.51	Pulmonary perfusion imaging, particulate, with ventilation; single breath
78585	223.73	41.29	182.44	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath
78586	98.95	15.12	83.83	Pulmonary ventilation imaging, aerosol; single projection
78587	109.14	18.76	90.38	Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views)
78588	145.01	41.29	103.72	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections
78591	107.06	15.12	91.94	Pulmonary ventilation imaging, gaseous, single breath, single projection
78593	129.97	18.45	111.52	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection
78594	180.91	20.14	160.77	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views)
78596	276.52	47.95	228.57	Pulmonary quantitative differential function (ventilation/perfusion) study
78599	I.C.	I.C.	I.C.	Unlisted respiratory procedure, diagnostic nuclear medicine
78600	109.69	16.81	92.88	Brain imaging, limited procedure; static
78601	129.26	19.30	109.96	Brain imaging, limited procedure; with vascular flow
78605	130.10	20.14	109.96	Brain imaging, complete study; static
78606	149.49	24.22	125.27	Brain imaging, complete study; with vascular flow
78607	259.11	47.20	211.91	Brain imaging, complete study; tomographic (SPECT)
78608	I.C.	I.C.	I.C.	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	I.C.	I.C.	I.C.	Brain imaging, positron emission tomography (PET); perfusion evaluation
78610	63.07	11.62	51.45	Brain imaging, vascular flow only
78615	140.93	16.28	124.65	Cerebral vascular flow
78630	188.97	25.90	163.07	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	106.10	23.83	82.27	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
78645	132.42	21.52	110.90	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
78647	225.54	34.46	191.08	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78650	173.37	23.42	149.95	Cerebrospinal fluid leakage detection and localization
78660	88.87	20.14	68.73	Radiopharmaceutical dacryocystography
78699	I.C.	I.C.	I.C.	Unlisted nervous system procedure, diagnostic nuclear medicine
78700	115.69	17.08	98.61	Kidney imaging; static only
78701	133.41	18.45	114.96	Kidney imaging; with vascular flow
78704	155.89	28.12	127.77	Kidney imaging; with function study (ie, imaging renogram)

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Code	Global Fee	PC Fee	TC Fee	Description
78707	180.80	36.37	144.43	Kidney imaging with vascular flow and function; single study without pharmacological intervention
78708	190.47	46.04	144.43	Kidney imaging with vascular flow and function; single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709	197.88	53.45	144.43	Kidney imaging with vascular flow and function; multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78710	216.14	25.06	191.08	Kidney imaging, tomographic (SPECT)
78715	63.07	11.62	51.45	Kidney vascular flow only
78725	72.50	14.59	57.91	Kidney function study, non-imaging radioisotopic study
78730	61.03	13.75	47.28	Urinary bladder residual study
78740	90.46	21.73	68.73	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78760	111.70	25.06	86.64	Testicular imaging;
78761	130.52	27.01	103.51	Testicular imaging; with vascular flow
78799	I.C.	I.C.	I.C.	Unlisted genitourinary procedure, diagnostic nuclear medicine
78800	135.23	25.27	109.96	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801	166.92	30.51	136.41	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas
78802	211.79	32.78	179.01	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging
78803	253.83	41.92	211.91	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)
78804	392.45	40.86	351.59	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging
78805	137.82	27.86	109.96	Radiopharmaceutical localization of inflammatory process; limited area
78806	240.95	32.78	208.17	Radiopharmaceutical localization of inflammatory process; whole body
78807	253.92	42.01	211.91	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78811	1072.70	43.31	1029.39	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)
78812	1151.70	53.68	1098.02	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh
78813	1222.19	55.54	1166.65	Tumor imaging, positron emission tomography (PET); whole body
78814	1090.25	60.86	1029.39	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)
78815	1165.26	67.24	1098.02	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh
78816	1235.49	68.84	1166.65	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body
78890	44.34	2.17	42.17	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30



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Code	Global Fee	PC Fee	TC Fee	Description
				minutes
78891	88.67	4.12	84.55	Generation of automated data: interactive process involving nuclearphysician and/or allied health professional personnel; complexmanipulations and interpretation, exceeding 30 minutes
78999	I.C.	I.C.	I.C.	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79005	153.06	68.30	84.76	Radiopharmaceutical therapy, by oral administration
79101	159.50	74.74	84.76	Radiopharmaceutical therapy, by intravenous administration
79200	161.14	76.38	84.76	Radiopharmaceutical therapy, by intracavitary administration
79300		62.81		Radiopharmaceutical therapy, by interstitial radioactive colloidadministration
79403	226.01	89.75	136.26	Radiopharmaceutical therapy, radiolabeled monoclonal antibody byintravenous infusion
79440	161.86	77.10	84.76	Radiopharmaceutical therapy, by intra-articular administration
79445	177.17	91.98	85.19	Radiopharmaceutical therapy, by intra-arterial particulateadministration
79999	I.C.	I.C.	I.C.	Radiopharmaceutical therapy, unlisted procedure

Code	Global Fee	Description
A4641	I.C.	Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified
A9500	I.C.	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m sestamibi, per dose
A9502	I.C.	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m tetrofosmin, per unit per dose
A9503	I.C.	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m medronate, up to 30 millicurie
A9505	I.C.	Supply of radiopharmaceutical diagnostic imaging agent, thallous chloride Tl-201, per millicurie
R0070	32.00	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen

18.05: Severability

The provisions of 114.3 CMR 18.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 18.00: M.G.L. c. 118G.